What is CHIP?

It is not an agency of the State of Nebraska, but is a nonprofit program created by the Nebraska Legislature for the purpose of providing health care coverage at an affordable price or without health restrictions. All insurers authorized to issue or provide health care coverage in Nebraska are members. The specific statutory citation establishing CHIP is Neb.Rev.Stat. §44-4201 through §44-4235.

Premium charges are based on 135% of average standard health insurance rates. Premium charges for children are set at 50% of the standard rate.

Who is Eligible?

To be eligible to purchase CHIP coverage, you must either, (A):

- 1. Be a Nebraska resident for at least six months; and;
- 2. Have been rejected for health insurance coverage for medical reasons within the last six months from an insurer; or
- Have been offered, within the last six months, health insurance coverage which includes a restrictive rider limiting coverage for a pre-existing medical condition; or
- Have been refused comparable health insurance coverage or have been offered a comparable coverage at a higher premium within the last six months; or
- 5. Have one of the specified conditions listed below:

Acquired Immune Deficiency Syndrome (AIDS) Angina Pectoris Arteriosclerosis Obliterans Artificial Heart Valve Ascite

Cardimyopathy

Chemical Dependency

Cirrhosis of the Liver

Coronary Insufficiency

Coronary Occlusion

Cystic Fibrosis

Dermatomyositis

Friedreich's Disease

Huntington's Chorea

Hydrocephalus

Intermittent Claudication

Juvenile Diabetes

Kidney failure requiring dialysis

Lead poisoning with cerebral involvement

Leukemia

Lupus Erythematosus Disseminate

Malignant Tumor (if treated or has occurred

within last four years)

Metastatic Cancer

Motor or Sensory Aphasia

Multiple or Disseminated Sclerosis

Muscular Atrophy or Dystrophy

Myasthenia Gravis

Myotonia

Open Heart Surgery

Paraplegia or Quadriplegia

Parkinson's Disease

Peripheral Arteriosclerosis (if treatment within

last three years)

Polyarteritis (periarteritis nodosa)

Posterolateral Sclerosis

Psychotic Disorders

Silicosis

Splenic Anemia (True Banti's Syndrome)

Still's Disease

Stroke

Syringomeyelia

Tabes Dorsalis (locomotor ataxia)

Thalassemia (Cooley's/Mediterranean anemia)

Topectomy and Lobotomy

Wilson's Disease

<u>or</u>, (B):

 Be a Nebraska resident for any length of time; and

2

- 2. Been covered for 18 months by prior creditable coverage under a group employer, governmental or church plan; **and**
- 3. Not be eligible for another group health plan, Medicare or Medicaid, or have other health insurance coverage; and
- Your most recent coverage was not terminated because of nonpayment of premium or fraud; and
- 5. If offered COBRA coverage and exhausted it, the premium for the continuation coverage is higher than the CHIP premium.

<u>or,</u> (C):

1. Be eligible for the Health Care Tax Credit (HCTC)

Note: To be eligible for **continued** CHIP coverage, you must **maintain** residency in the State of Nebraska.

If you are eligible for Medicare (by reason of age), Medicaid or other medical assistance, you cannot purchase CHIP coverage. A person who becomes eligible for Medicare for reasons other than age (i.e. disability, kidney transplant, dialysis) will continue to be eligible for CHIP coverage.

Please note: If you are covered by any other insurance, major medical plan, or local, state or federal program, CHIP benefits <u>will be reduced</u> by all amounts payable by your other plan(s).

Pre-existing Conditions

CHIP will not pay for claims of pre-existing conditions for the first six months. However, this exclusion <u>may</u> by waived if one of the following occurs:

3

- because of the withdrawal by the insurer from the state, the bankruptcy or insolvency of the employer or employer trust fund, or the employer ceases to provide any group health plan for all of its employees. The applicant must be eligible for CHIP coverage and must apply for the pre-existing waiver within 60 days after the termination of prior coverage. The applicant cannot be eligible for a conversion policy or a continuation of coverage policy under federal or state law;
- Medicaid coverage ended within six months of the effective date of CHIP coverage;
- The applicant received medical assistance through the Medically Handicapped Children's Program within six months of the effective date of CHIP coverage;
- The applicant was an organ transplant recipient terminated from Medicare within six months of the effective date of CHIP coverage;
- The applicant had a health continuation policy under state or federal law (COBRA) which was terminated or involuntarily terminated for any reason other than nonpayment of premium. Application for CHIP coverage must be made within 90 days of the end of prior coverage.
- The applicant qualifies for CHIP because of maintaining 18 months of prior creditable coverage under a group employer, governmental or church plan and applies for CHIP coverage within 63 days of termination such coverage.

CHIP PPO PLAN	If You Use CHIP PPO Providers	If You Use Non-PPO Providers
Maximum co- insurance	\$1,500 per calendar year	\$3,000 per calendar year
Percent payable for most hospital/ medical/surgical covered services	CHIP pays 80% Insured pays 20%	CHIP pays 70% Insured pays 30%
Percent payable for treatment of mental illness, drug abuse, and alcoholism	CHIP pays 50% Insured pays 50%	CHIP pays 40% Insured pays 60%
Percent payable for miscellaneous covered services	CHIP pays 80% Insured pays 20%	CHIP pays 70% Insured pays 30%
Rx Nebraska Pre- scription Drug Pro- gram	Tier & Drug Type Copay 1: Generic \$10 2. Formulary brand name \$25 3. Non-formulary \$40	
Office visit copay	\$10	Not applicable
Routine care benefits	\$150 per calendar year, deductible & coinsurance waived	\$150 per calendar year, subject to deductible & coinsurance
Policy maximum for mental illness, drug abuse, and alcoholism benefits	\$25,000	
Maximum CHIP policy benefits during your lifetime	\$1,000,000	
Penalty for failure to follow cost con- tainment program procedures	Benefits for medically necessary covered services are reduced by 25%; benefits for services CHIP determines not medically necessary are denied	

CHIP PPO PLAN

Choice of Nine Calendar-Year Deductibles

- \$500 PPO/\$1,000 Non-PPO
- \$1,000 PPO/\$2,000 Non-PPO
- \$1,500 PPO/\$3,000 Non-PPO
- \$2,000 PPO/\$4,000 Non-PPO
- \$3,000 PPO/\$6,000 Non-PPO
- \$4,000 PPO/\$8,000 Non-PPO
- \$5,000 PPO/\$10,000 Non-PPO
- \$7,500 PPO/\$15,000 Non-PPO
- \$10,000 PPO/\$20,000 Non-PPO

Benefits

The CHIP plan provides a variety of benefits, including those listed below:

- Anesthetics and their Administration
- Cardiac and Pulmonary Rehabilitation
- Diabetes Patient Education
- Emergency Ambulance Service
- Home Health Care & Home Infusion Therapy
- Hospice Care
- Hospital Room and Board
- Hospital Pre-admission Testing
- Inhalation Therapy
- Maternity Care (Optional)
- Medical Supplies and Equipment
- Newborn Coverage
- Occupational Therapy
- Oral Surgery
- Organ & Tissue Transplants
- Oxygen & Equipment for its Administration
- Physical and Speech Therapy
- Physician Charges
- Prescription Drugs
- Renal Dialysis
- Routine Screening Mammograms
- Routine Care Benefits
- Skilled Nursing Facility Care
- Mental Illness, Drug Abuse, & Alcoholism
- X-ray and Lab

For more detailed explanation, please contact the Plan Administrator.

Plan Administrator

Blue Cross and Blue Shield of Nebraska is the Plan Administrator and responsible for determining applicant eligibility, collecting premiums, and paying claims.

Additional Questions/Information

If you have questions about how to apply, costs/ rates, or further details of the coverage (including exclusions, any reductions or limitations, and the terms under which the contract may be continued in force), or if you wish additional information or need assistance, contact:

CHIP Customer Service Center c/o Blue Cross and Blue Shield of Nebraska P. O. Box 3248 Omaha, Nebraska 68180-0001 402-343-3574 Outside of Omaha - 1-877-348-4304

Information provided herein is not intended to be an advertisement for or an endorsement of any firm, individual or product.

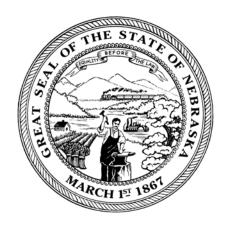
> Nebraska Department of Insurance Terminal Building 941 "O" Street, Suite 400 Lincoln, Nebraska 68508-3639 402-471-2201 FAX: 402-471-4610

> > TDD: 1-800-833-7352 VOICE: 1-800-833-0920 Web Site: www.doi.ne.gov

If special accommodations or alternate formats of this material are needed, please let us know.

Comprehensive Health Insurance Pool (CHIP)

A Non-Profit Program Created by the Nebraska Legislature



State of Nebraska Department of Insurance

Dave Heineman, Governor L. Tim Wagner, Director

10/05

6